

AMENDED IN SENATE APRIL 19, 2001

SENATE BILL

No. 891

Introduced by Senator Escutia

February 23, 2001

An act to amend Sections 5802 and 5806 of, and to add Sections 5768.6 and 5814.6 to, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 891, as amended, Escutia. ~~Mental health funding: local grants :~~
discharge services.

Existing law provides for the allocation of state funds to counties for mental health programs. Under existing law, certain facilities that provide mental health services are licensed by the State Department of Health Services, while others are licensed or certified by the State Department of Mental Health. Existing law also permits the department to permit new programs to be developed and implemented without complying with licensure requirements established pursuant to existing state law.

Existing law requires the department to issue requests for proposals for counties to develop a system of mental health care programs for adults and older adults. The department is permitted to make grants, as prescribed, for these systems.

This bill would, to the extent funds are provided, require the department to make demonstration project grants to ~~community-based~~ self-help organizations in order to provide a variety of services to soon-to-be-discharged patients, as defined by the department. It would require specified facilities and entities providing mental health services to give these grantee organizations access to these patients.

This bill would require specified facilities to assure the continuation supply of prescribed medication or medications for discharged mental health patients, if feasible, and to take certain actions if less than an adequate supply of medication is provided. It would also require each county, in consultation with self-help organizations and other appropriate groups, to develop a protocol with minimum qualifications for implementation of liaison services, as defined, for soon-to-be-discharged patients. The imposition of this new requirement on counties would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~ yes.

The people of the State of California do enact as follows:

1 ~~SECTION 1. This act shall be known, and may be cited, as the~~
2 ~~Mental Health Services Improvement Act.~~

3 ~~SEC. 2.—~~

4 *SECTION 1.* (a) The Legislature finds and declares all of the
5 following:

6 (1) An estimated 467,000 Californians receive public mental
7 health services each year. Many of these Californians are
8 hospitalized for treatment of severe mental illness. Without
9 adequate followup care and access to services after discharge,
10 persons with mental illness are prone to repeated and costly
11 hospitalizations. However, those who are involved in a community
12 mental health system after discharge are much less likely to be
13 rehospitalized. The unavailability of appropriate outpatient
14 postdischarge services and residential options in the community
15 leads to the unnecessary hospitalization of many people.

(2) If California fails to improve its mental health services, the state risks losing tens of millions of dollars each day in lost productivity and in increased inpatient treatment costs as a result of unnecessary hospitalizations.

(3) To significantly reduce the incidence of hospitalizations for people with severe mental illness, the state must increase funding for the adult mental health care system to ensure that community services are available to those who are discharged from psychiatric inpatient facilities.

(4) Many of these community services can be provided in an effective manner through self-help organizations and peer helpers, who can be effective liaisons, advocates, and sources of information to ensure that persons with mental illness make use of the community mental health system after being discharged from the hospital.

(b) It is the intent of the Legislature in enacting this act to fund self-help activities and other community mental health programs in order to provide more effective services for persons with mental illness when they are discharged from hospitals.

~~SEC. 3.—~~

SEC. 2. Section 5768.6 is added to the Welfare and Institutions Code, to read:

5768.6. (a) *Facilities described in subdivision (c) of Section 1262 of the Health and Safety Code shall ensure that, if a mental health patient is discharged with a continuation supply of prescribed medication or medications, the amount of medication is sufficient to maintain the patient's treatment until his or her first outpatient appointment with a physician, if feasible. If, for safety or other reasons, the patient is discharged with less than the supply of medication needed to last until the first outpatient appointment with a physician, the facility shall make arrangements to appropriately refill the prescription until the time of the scheduled appointment. The facility shall schedule the outpatient appointment for a date prior to that on which the medication will be consumed, according to the prescription.*

(b) Facilities described in subdivision (c) of Section 1262 of the Health and Safety Code and entities providing services pursuant to Section 5768 shall ~~provide community-based~~, *with the consent of the patient, provide* self-help organizations funded under Section 5814.6 with access to soon-to-be-discharged patients, as

1 defined by the department. ~~This access~~ *A self-help organization*
2 *shall provide assistance to the facility and shall provide liaison*
3 *services for the patient to the community. Access and liaison*
4 *services shall be provided in a manner consistent with the policies*
5 *expressed in paragraph (5) of subdivision (d) of Section 5802, and*
6 ~~in accordance with all of the following requirements:~~

7 ~~(a) The community-based organization shall schedule an~~
8 ~~inperson followup appointment to be made on an outpatient basis~~
9 ~~within seven days of the date of discharge of each patient. If the~~
10 ~~patient is discharged with a supply of medication, the outpatient~~
11 ~~appointment shall be scheduled for a date prior to that on which the~~
12 ~~medication will be consumed according to the prescription.~~

13 ~~(b) The community-based organization shall arrange~~
14 ~~transportation and support services, as needed, to enable each~~
15 ~~patient to keep the outpatient appointment. Support services shall~~
16 ~~include, but not be limited to, appointment reminders and referrals~~
17 ~~for child care during appointment times.~~

18 ~~(c) The community-based organization shall prepare a written~~
19 ~~treatment plan, in consultation with the patient and with the~~
20 ~~patient's consent, to be given to the patient at the time of discharge.~~
21 ~~The treatment plan shall include all of the following:.~~

22 ~~(c) For purposes of this section, "liaison services" shall~~
23 ~~include, but not be limited to, outpatient appointment reminders,~~
24 ~~transportation arrangements, and support services to enable each~~
25 ~~patient to keep the outpatient appointment, including referrals for~~
26 ~~child care and, to the extent necessary, the following:~~

27 (1) Information regarding the services available to the patient
28 upon discharge.

29 (2) A list of providers and self-help groups in the area.

30 (3) Notice of appeal rights, if services are not included in the
31 plan or are unavailable when needed.

32 (4) Information as to the patient's right to request a copy of the
33 drug formulary at the time of initial contact with a service and upon
34 request.

35 (5) Referrals to housing.

36 (6) Referrals to temporary and traditional housing
37 arrangements for those patients who are homeless at the time of
38 discharge.

39 (7) Referrals to social services.

40 (8) Referrals to self-help groups.

(9) Scheduling and conducting followup interviews ~~as part of the discharge planning process~~ to determine whether each patient has availed himself or herself of these services, and to encourage him or her to do so.

(10) Case management assistance.

~~SEC. 4.—~~

(11) Assistance with continued medication, as specified in subdivision (a).

(d) In consultation with self-help organizations and other appropriate groups, each county shall develop a protocol with minimum qualifications for implementation of liaison services. The protocol shall include, but not be limited to, training for representatives of the self-help organizations who will be working with the facilities. Training shall include, but not be limited to, the following:

(1) Quality of care.

(2) Patient safety.

(3) Confidentiality requirements needed to serve patients.

SEC. 3. Section 5802 of the Welfare and Institutions Code is amended to read:

5802. (a) The Legislature finds that a mental health system of care for adults and older adults with severe and persistent mental illness is vital for successful management of mental health care in California. Specifically:

(1) A comprehensive and coordinated system of care includes community-based treatment, outreach services and other early intervention strategies, case management, and interagency system components required by adults and older adults with severe and persistent mental illness.

(2) Mentally ill adults and older adults receive service from many different state and county agencies, particularly criminal justice, employment, housing, public welfare, health, and mental health. In a system of care these agencies collaborate in order to deliver integrated and cost-effective programs.

(3) The recovery of persons with severe mental illness and their financial means are important for all levels of government, business, and the community.

(4) System of care services which ensure culturally competent care for persons with severe mental illness in the most appropriate,

1 least restrictive level of care are necessary to achieve the desired
2 performance outcomes.

3 (5) Mental health service providers need to increase
4 accountability and further develop methods to measure progress
5 towards client outcome goals and cost effectiveness as required by
6 a system of care.

7 (b) The Legislature further finds that the adult system of care
8 model, beginning in the 1989–90 fiscal year through the
9 implementation of Chapter 982 of the Statutes of 1988, provides
10 models for adults and older adults with severe mental illness that
11 can meet the performance outcomes required by the Legislature.

12 (c) The Legislature also finds that the system components
13 established in adult systems of care are of value in providing
14 greater benefit to adults and older adults with severe and persistent
15 mental illness at a lower cost in California.

16 (d) Therefore, using the guidelines and principles developed
17 under the demonstration projects implemented under the adult
18 system of care legislation in 1989, it is the intent of the Legislature
19 to accomplish the following:

20 (1) Encourage each county to implement a system of care as
21 described in this legislation for the delivery of mental health
22 services to seriously mentally disordered adults and older adults.

23 (2) To promote system of care accountability for performance
24 outcomes which enable adults with severe mental illness to reduce
25 symptoms which impair their ability to live independently, work,
26 maintain community supports, care for their children, stay in good
27 health, not abuse drugs or alcohol, and not commit crimes.

28 (3) Maintain funding for the existing pilot adult system of care
29 programs that meet contractual goals as models and technical
30 assistance resources for future expansion of system of care
31 programs to other counties as funding becomes available.

32 (4) Provide funds for counties to establish outreach programs
33 and to provide mental health services and related medications,
34 substance abuse services, supportive housing or other housing
35 assistance, vocational rehabilitation, and other nonmedical
36 programs necessary to stabilize homeless mentally ill persons or
37 mentally ill persons at risk of being homeless, get them off the
38 street, and into treatment and recovery, or to provide access to
39 veterans' services that will also provide for treatment and
40 recovery.

(5) Provide funds for counties to establish ~~discharge planning programs~~ *liaison services, as defined in subdivision (c) of Section 5768.6*, and provide mental health services and related medications, substance abuse services, temporary housing or other housing assistance, vocational rehabilitation, and other nonmedical programs necessary to provide services to persons with mental illness who are soon to be discharged from ~~hospitals~~ *or facilities as defined specified in Section 5768.6* and are at risk of being rehospitalized. The Legislature finds and declares that the services provided through the use of these funds would help these patients continue with treatment and recovery, both prior to and after discharge.

~~SEC. 5.—~~

SEC. 4. Section 5806 of the Welfare and Institutions Code is amended to read:

5806. The State Department of Mental Health shall establish service standards that ensure that members of the target population are identified, and services provided to assist them to live independently, work, and reach their potential as productive citizens. The department shall provide annual oversight of grants issued pursuant to this part for compliance with these standards. These standards shall include, but are not limited to:

(a) A service planning and delivery process that is target population based and includes the following:

(1) Determination of the numbers of clients to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic and citizen constituency groups as determined by the director.

(2) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall contain consideration of, and be designed to meet, the needs of persons soon to be discharged, as defined by the department, from inpatient facilities. Plans shall also contain evaluation strategies, that shall consider cultural, linguistic, gender, age, and special needs of

1 minorities in the target populations. Provision shall be made for
2 staff with the cultural background and linguistic skills necessary
3 to remove barriers to mental health services due to
4 limited-English-speaking ability and cultural differences.

5 (3) Provisions for services to meet the needs of target
6 population clients who are physically disabled.

7 (4) Provision for services to meet the special needs of older
8 adults.

9 (5) Provision for family support and consultation services,
10 parenting support and consultation services, and peer support or
11 self-help group support, where appropriate.

12 (6) Provision for services to be client-directed and that employ
13 psychosocial rehabilitation and recovery principles.

14 (7) Provision for psychiatric and psychological services that
15 are integrated with other services and for psychiatric and
16 psychological collaboration in overall service planning.

17 (8) Provision for services specifically directed to seriously
18 mentally ill young adults 25 years of age or younger who are
19 homeless or at significant risk of becoming homeless. These
20 provisions may include continuation of services that would still be
21 received through other funds had eligibility not been terminated
22 due to age.

23 (9) Services reflecting special needs of women from diverse
24 cultural backgrounds, including supportive housing that accepts
25 children, personal services coordinator therapeutic treatment, and
26 substance treatment programs that address gender specific trauma
27 and abuse in the lives of persons with mental illness, and
28 vocational rehabilitation programs that offer job training
29 programs free of gender bias and sensitive to the needs of women.

30 (10) Provision for housing for clients that is immediate,
31 transitional, permanent, or all of these.

32 (b) Each client shall have a clearly designated mental health
33 personal services coordinator who may be part of a
34 multidisciplinary treatment team who is responsible for providing
35 or assuring needed services. Responsibilities include complete
36 assessment of the client's needs, development of the client's
37 personal services plan, linkage with all appropriate community
38 services, monitoring of the quality and follow through of services,
39 and necessary advocacy to ensure each client receives those
40 services which are agreed to in the personal services plan. Each

client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, consult with the family and other significant persons as appropriate.

(c) The individual personal services plan shall ensure that members of the target population involved in the system of care receive age, gender, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

(1) Live in the most independent, least restrictive housing feasible in the local community, and for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(3) Create and maintain a support system consisting of friends, family, and participation in community activities.

(4) Access an appropriate level of academic education or vocational training.

(5) Obtain an adequate income.

(6) Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions which affect their lives.

(7) Access necessary physical health care and maintain the best possible physical health.

(8) Reduce or eliminate serious antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.

(9) Reduce or eliminate the distress caused by the symptoms of mental illness.

(10) Have freedom from dangerous addictive substances.

(d) The individual personal services plan shall describe the service array that meets the requirements of subdivision (c), and to the extent applicable to the individual, the requirements of subdivision (a).

~~SEC. 6.—~~

SEC. 5. Section 5814.6 is added to the Welfare and Institutions Code, to read:

1 5814.6. (a) (1) In addition to the grants described in Section
2 5814, and only to the extent that funds are appropriated for
3 purposes of this section, demonstration project grants shall be
4 awarded by the department to provide services to persons soon to
5 be discharged from inpatient treatment, and who are at risk of
6 rehospitalization. The services shall be provided in a manner
7 consistent with principles set forth in subdivisions (h) and (i) of
8 Section 5600.2. The grant award processes contained in Section
9 5814 shall be applicable to this section.

10 (b) In each year in which additional funding is provided, the
11 department shall establish demonstration programs that offer
12 individual counties sufficient funds to comprehensively serve
13 persons at risk of rehospitalization. For the purpose of this
14 subdivision, “persons at risk of rehospitalization” shall include
15 those individuals described in subdivision (c) of Section 5600.3.
16 In consultation with the advisory committee established pursuant
17 to paragraph (3) of subdivision (a) of Section 5814, the department
18 shall evaluate, at a minimum, the effectiveness of the strategies
19 reducing hospitalization and rehospitalization, and other measures
20 identified by the department. The evaluation shall include both of
21 the following to the extent that available information permits:

22 (1) The number of persons served and, of those, the number
23 who receive extensive community mental health.

24 (2) The amount of hospitalization that has been reduced or
25 avoided.

26 (c) Each demonstration project shall include outreach and
27 service grants in accordance with a contract between the state and
28 approved counties that reflect the number of anticipated contacts
29 with people who are at risk of hospitalization, and the extensive
30 use of existing or new community-based self-help organizations
31 in providing liaison and related services pursuant to the grants.

32 (d) Demonstration project grants shall be sufficient to provide
33 mental health services, medically necessary medications to treat
34 severe mental illnesses, alcohol and drug services, temporary
35 housing and other housing assistance, vocational rehabilitation,
36 money management assistance for accessing other health care and
37 obtaining federal income and housing support, accessing veterans’
38 services, and stipends to attract and retain sufficient numbers of
39 qualified professionals as needed to provide the necessary levels
40 of these services. These grants shall, however, pay for only that

1 portion of the costs of those services not otherwise provided by
2 federal funds or other state funds.

3 (e) Contracts awarded pursuant to this section shall be exempt
4 from the Public Contract Code and the State Administrative
5 Manual, and shall not be subject to the approval of the Department
6 of General Services.

7 (f) Grants awarded to local counties pursuant to this section
8 shall not require a local match in funds.

9 (g) The department shall report on the implementation of this
10 section by May 1, 2002.

11 *SEC. 6. Notwithstanding Section 17610 of the Government*
12 *Code, if the Commission on State Mandates determines that this*
13 *act contains costs mandated by the state, reimbursement to local*
14 *agencies and school districts for those costs shall be made*
15 *pursuant to Part 7 (commencing with Section 17500) of Division*
16 *4 of Title 2 of the Government Code. If the statewide cost of the*
17 *claim for reimbursement does not exceed one million dollars*
18 *(\$1,000,000), reimbursement shall be made from the State*
19 *Mandates Claims Fund.*

